fails to find any such relation, his results are interesting in connection with the "narrow aorta" of Rokitansky and Virchow. Suter has gone thoroughly into the question, and in his tables has taken into account age, sex, and size of the individuals. He has measured the aorta in 2719 cases and tested the elasticity of its wall in 105. He concludes in part as follows:

1. The size of the aorta varies with age and sex, and in those of the same sex with the size of the individual.

2. It is not true that those who die of puerperal fever, typhoid, carcinoma, or phthisis have narrow or wide aortas.

3. The power of contracting when the blood-pressure is removed—*i. e.*, the elasticity of the organ—decreases with age.

4. There is no such thing as the narrow aorta in the sense of Rokitansky and Virchow. The size of the organ in the cadaver does not correspond to its size in life, and measurements from the autopsy chamber cannot be substituted for them.

Case of Fatal Potassium Chlorate Poisoning.—JACOB (*Berliner klinische Wochenschrift*, 1897, No. 27) reports the following case: A seamstress, aged thirty-nine years, was admitted in an almost comatose condition; face was ashy, lips, fingers, and ears cyanotic; tongue blue-black; blue and copper-colored spots on the temples; marked dyspnœa, thready pulse. The patella tendon reflexes absent. During the four days of the patient's life there was almost complete anuria, from 25 to 50 c.c. being passed daily. The characteristic methæmoglobin bands were plainly seen. Many corpuscles were present at first; later they diminshed, but at the end the urine contained methæmoglobin, hæmoglobin, and traces of hæmatin. On the third day there was pain in both hypochondria, without enlargement of the liver or spleen. The patient died suddenly on the fourth day. On entrance the blood-count showed 4,425,000 red corpuscles and 84,000 whites. The second day the reds had sunk to 1,825,000, and the whites sank steadily to about normal before death. On the first day no very marked changes could be seen in the erythrocytes. On the following day normally colored reds were scarcely to be found, and many shadows, in part arranged in rouleaux, were present. There were, too, many fragments of red corpuscles, partly free and partly contained in the corpuscles, in the form of spheres. These forms increased so that finally there were large masses of débris. The white cells were often filled with the disintegrated reds. The stained covers were not so striking; the whites, however, looked swollen and had pale nuclei. The stained reds were so irregularly stained that many seemed to be colorless and to contain granules. Toward the end the preparations looked like poorly fixed covers. The author's finding agrees generally with that of others. He differs, however, from Riess in thinking that the increase in the white cells may be a reaction-leucocytosis. The author claims that potassium chlorate is a dangerous drug and that its use should be restricted, especially in pediatric practice.

Relation of Albumosuria to Fever.—SCHULTESS (*Deutsches Archiv für klinische Medicin*, vol. lviii. Nos. 4 and 5) has endeavored to solve the problem of the relation of albumosuria to fever by finding out how often albumose occurs in the urine of patients with fever and how frequent is its occurrence in those with no fever. He thinks that 75 per cent. of the cases of albumosuria in the literature had fever; and although such figures are only to be received with caution, they point to a connection between the two. In the author's own work urines containing albumin were carefully excluded. After the reaction was determined any mucin or nucleo-albumin was removed by acetic acid; the filtrate was then carefully tested for albumin. If none was found, 25 to 30 c.c. were mixed with five to six volumes of absolute alcohol, stirred, and allowed to stand for twenty-four hours, filtered, the precipitate dissolved in warm water, and the filtrate again tested for nucleo-albumin, and with the biuret reaction. Of fifty-six cases with non-febrile disease, forty-three, or 77 per cent., had no albumose. In the fifty-nine cases with febrile diseases, 90 per cent. had albumose. The acute infectious fevers, as scarlet, diphtheria, typhoid, were especially noteworthy. In these the albumose curve coincided very nearly with that of the fever.

The Excretion of Lepra Bacilli.—Weber (*Deutsches Archiv für klinische Medicin*, vol. lviii. Nos. 4 and 5).—The appearance of several sporadic cases of leprosy has lately given a new interest to the question of the manner of the spread of this disease. Experiments to prove the contagious nature of the disease have so far been contradictory. If leprosy is really contagious and caused by Hansen's bacillus, the bacillus must leave the body in such a way that it can be transferred to others. To find in what way the germ does leave the body the author has examined, by the Ziehl-Nielsen method, all the secretions, the blood and tissue-fluids, the skin, scales, and hair. Bacilli were found in blood from the diseased tissue, in vesicles from the diseased tissue, in scales from the skin, in lanugo hairs, in sweat, and in semen.

From the above it is clear that the germs are excreted in various ways. Whether they are in a condition to cause leprosy anew has not yet been definitely shown.

Experiments with the Modern Treatment of Prostatic Hypertrophy.—Caspar (*Berliner klinische Wochenschrift*, 1897, No. 27) discusses the effects which modern methods of treatment—castration, tying the vasa, and feeding with the gland-substance—have upon prostatic hypertrophy, and has tried to throw some light upon the question by experimenting upon animals. We know nothing about enlarged prostates in animals. The important thing is to bring about a reduction in the size of the gland, whether at the expense of the normal or pathological tissue is of no consequence. For the reason that enlarged human prostates always contain normal tissue, experiments upon normal glands will be of value. One may assume that the prostate bears the same relation to the genitals in men as in the lower animals. Experiments done so far have for the most part shown that castration is followed by atrophy of the prostate gland. Animals for experimental purposes must be chosen with the greatest care, as the structure and size of the prostate vary with age. The author experimented upon twenty-one dogs and rabbits, and found that double castration always caused atrophy of the prostate. Bilateral excision of the vasa deferentia had once a similar, although more delayed, result. In two other cases, however, no atrophy was to be found. The tying of the vas had no effect upon the testis during the four months the animals were